

Case # _____

WEST VALLEY CITY POLICE DEPARTMENT
RECORDS REQUEST

3575 S. Market St.
West Valley City, UT 84119
(801) 963-3226

LAST NAME: _____ FIRST: _____ M.I.: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

SOC SEC #: _____ - _____ - _____ DATE OF BIRTH: (MM/DD/YYYY): _____ / _____ / _____
(THOUGH NOT REQUIRED, SUCH INFORMATION MAY BE NECESSARY TO LOCATE THE DESIRED RECORDS)

DAYTIME PHONE#: (_____) _____ HOME #: (_____) _____

CELL #: (_____) _____ DATE OF REQUEST: _____ TIME: _____

RECORDS REQUESTED: (case numbers, if possible) _____

_____ Total # of Reports _____

REASON WHY I AM REQUESTING THESE RECORDS: _____

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS REQUEST

Your request for records will be processed in accordance with the requirements of the Government Records Access Management Act (GRAMA), 63-2-101 et. Seq., Utah Code. Your request will be handled as soon as reasonably possible, but may take up to ten business days to be granted.

The records that may be provided to you, subsequent to your request, may contain information that is classified as "Protected", and will be edited in accordance with GRAMA and may only be disclosed under certain circumstances. 63-2-2-2 (U.C.A.) I understand that there is no charge to view a record.

I agree to pay a reasonable fee to cover the actual cost of research and duplicating a record if copies are requested, a minimum of \$10.00 per report.

Requester's Signature: _____ **Date:** _____

FOR DEPARTMENT USE ONLY - DO NOT WRITE IN THIS AREA

☐ I.D. ☐ Paid \$ _____ ☐ Fee Waived By: _____ Date: _____
Report(s) to be: ☐ Mailed to above location ☐ Will pick up ☐ Date
Promised _____

Reviewed by: _____ Authorized release by: _____ Date: _____
Request Denied: (Restricted by & Reason) _____

Report(s) released: *Mailed to Requester* ☐ *In Person* ☐
Clerk's Signature: _____ IBM# _____ Date: _____